



TO: Immunization Provider or Grantee

RE: FluMist® Replacement Program

This letter is to inform you of the FluMist® Replacement Program for vaccine purchased through the CDC contract for the 2008-2009 season ("Replacement Program"). The Replacement Program allows for the replacement of unused, expiring FluMist doses, at no cost, to help you maximize vaccination opportunities. MedImmune has contracted with McKesson Specialty Distribution for implementation of this replacement program. This contract is between MedImmune and McKesson and is separate from CDC's contract for centralized vaccine distribution. The Replacement Program requirements are listed below:

- FluMist doses must be purchased through the CDC contract and must expire on or before January 30, 2009 to be eligible for the Replacement Program.
- Product must be used on a first-to expire- first-used basis to be eligible for the Replacement Program.
- Providers and/or Grantees have from 15 days prior to the expiration date stamped on the sprayer until January 30, 2009 to request replacement doses.
- Requests for replacement doses by Providers or Grantees will be accepted until close of business on January 30, 2009. Requests for replacement doses after this date will not be honored. All requests should be faxed to McKesson Specialty at 800-371-3963.
- All expired/expiring doses must be received by McKesson by Friday, February 13, 2009. Replacement product will not be shipped until expired/expiring doses are received.
- Replacement Request Rounding:
 - All requests for replacement doses must be in multiples of 10 units of product. Requests not in multiples of 10 will be rounded down to the nearest multiple of 10. Rounding up is prohibited. This requires a new order.
 - There will be no credit for doses returned in excess of those shipped for replacement.

The process to request replacement product is outlined below:

- 1) Complete the attached Replacement Request Form and fax it to the number printed on the form (800-371-3963).
- 2) Place expiring/expired FluMist (in multiples of 10) in an appropriate mailing container. FluMist does not have to be returned cold.
- 3) Place copy of the Replacement Request Form in the mailing container with the FluMist.
Note: FluMist returned without the form will not be replaced.
- 4) Within 3 business days from receipt of request and verification of information, Federal Express will pick up the boxed FluMist from your location. A preprinted, prepaid label will be affixed to the mailing container and Federal Express will pick up and ship the package.
- 5) Upon receipt and verification of the expiring/expired doses with the replacement request form, replacement doses will be shipped at no charge to you.

If you have any questions regarding the Replacement Program, please call 888-606-3273.

This document can be found on the CDC website at:

<http://www.cdc.gov/vaccines/programs/vfc/downloads/med-instr-fm-508.doc>



FluMist® Replacement Program for CDC Contracted Vaccine

RETURN REQUEST

* Provider or Project Name:		* Total No. of Boxes:	
* Address:		Pin No: (optional)	
* City, State, Zip:		Contact * Phone #:	
Account # (For McKesson Use Only):		*Contact Name:	

Enclose a copy of this Form with the return shipment. Return Shipments without this Form will not be processed.

Lot #		NDC #		Expiration Date		# of Doses	In multiples of 10
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Instructions:

1. Complete the above with required information; “*” information is REQUIRED.
 2. Fax this form to the McKesson Customer Service at Fax # **800-371-3963**
 3. This Form must be included in shipment. **Product returned without form will not be processed.**
 4. A McKesson Customer Service Representative will schedule a pick up with FedEx Ground.
 5. Expired FluMist should be packaged to assure no leakage of product; product does not need to be returned cold.
 6. If your product has not been picked up within 72 hours, please fax McKesson Customer Care.
- For Customer Service Use ONLY:**

RA #:	Replacement Order No:	FedEx Confirmation#: